

ASHINGTON
URBAN DISTRICT COUNCIL.

Annual Report

FOR 1899,

BY

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F.R.I.P.H.,

Medical Officer of Health.

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Annual Report of the Medical Officer for 1899.

MR. CHAIRMAN AND COUNCILLORS,—

I have pleasure in submitting my Fourth Annual Report.

During the year 203 deaths have occurred in the district, 102 males and 101 females. Estimating the population at 11,000, this indicates a general mortality of 18·5 per thousand for the year, an increase of 2·2 as compared with 1898.

Included in the 203 deaths are 13 cases of premature birth, 3 of injuries sustained during birth owing to difficult labour, and 3 were due to accident. Deducting from the total these 19 instances in which death was not due to any particular form of disease, the mortality so corrected was 16·8 per thousand inhabitants. During the four years since the formation of the Urbau district the death-rate for each year was as follows :—

Year.	General mortality.	Corrected mortality.
1896	17·8	17·4
1897	17·8	16·6
1898	16·3	15·4
1899	18·5	16·8

Those figures, however, can only be approximately true, because they are not based on an accurate census of the population, but merely on a rough estimate—an estimate which is generally believed, rightly or wrongly, to be much too low—and it is extremely desirable that as soon as possible after the extension of the boundaries of the district an attempt should be made to ascertain the exact number of inhabitants, in order that our death and birth rates may not only convey to ourselves a correct impression, but may also be reliable for purposes of comparison with other and similar districts. I may mention too, that in the return of deaths occurring at Hirst, no more specific address is given, and unless the Registrar discriminates between deaths which occur in the portion of Hirst which is in the Ashington Urban district and those which take place in the portion which belongs to the Morpeth Rural district, I am unable to eliminate the latter, and if the whole of the deaths at Hirst are included you can see another and serious element of mistake is introduced, and one which operates very much to the disadvantage of our district.

Of the 203 deaths, 97 were in the Ashington Ward and 106 at New Hirst, but those figures are useless for making any comparison between the two, as we have no idea of the exact proportion of the entire population resident in each.

The accompanying table will show the age mortality for each month :—

AGE MORTALITY, 1899.

Month.			All ages.	Under 1 year.	1 year to 5 years.	5 years to 15 years.	15 years to 25 years.	25 years to 65 years.	65 years and upwards.
	Males.	Females.							
Jau. ...	7	8	15	7	3	2	—	1	2
Feb. ...	4	9	13	5	4	—	3	1	—
March. ...	7	8	15	5	4	1	—	3	2
April... ...	8	8	16	8	3	—	2	1	—
May ...	8	9	17	7	6	—	1	3	2
June ...	8	9	17	4	1	2	4	5	1
July ...	7	3	10	3	4	—	1	—	2
Ang ...	14	11	25	19	2	—	1	2	1
Sept... ...	15	10	25	15	4	2	1	2	1
Oct. ...	6	13	19	9	—	3	—	6	1
Nov ...	8	10	18	11	4	1	—	2	—
Dec ...	10	3	13	6	2	2	1	2	—
Totals	102	101	203	99	37	13	14	28	12

I regret very much to be compelled again to report a very large, and, unfortunately, an increasing infantile mortality, no fewer than 99, or almost exactly one-half of the entire death-roll, being made up of infants of less than 12 months of age, and an increase of 24 as compared with last year. The indicated rate per thousand population was 9. The number of children born was considerably higher than in 1898—480 as against 403—but calculating per thousand children born, the infantile death-rate, which in 1898 was 186·1, rises this year to 206·2 per thousand, or 20·6 per cent., more than one-fifth of the whole number. This is a truly deplorable circumstance and becomes even more so in view of the fact that the one element which perhaps in many cases contributes most of all to a high rate of infant death is practically absent from this district; and that is the element of extreme poverty. Not only so, but every family is, comparatively speaking, well housed. There are no hovels, and I am not aware of a single instance of excessive overcrowding, with its usual accompaniments of squalor and filth. To a stranger, or anyone accustomed to colliery rows and pitmen's houses in some parts of the country, it is a revelation to visit the houses in such a district as this, where cleanliness both of house and person is the rule, to which the exceptions are very few. These facts make the problem of our infantile death-rate more difficult of solution.

It is, however, a very significant fact that in no fewer than 32 instances death was due to some form of intestinal ailment having diarrhoea as the most prominent symptom, and in 17 more to marasmus, or general wasting, a condition which results from a failure of the nutrition of the entire body from some reason or other. That is to say, of all the infants who died during the year 49·3 per cent.—in round numbers 50 per cent.—

succumbed to diseases associated with digestion and nutrition. Here, I am convinced, is to be found, at least to a very great extent, the explanation, for it indicates what I have again and again referred to, viz., the extreme prevalence of the practice of the improper feeding of infants. I have so often in the monthly reports emphasized the dangers of this practice, and indicated the lines on which the judicious feeding of infants should be carried on, that to say anything more would be but to reiterate.

But in this connection I would like to say that it is very unfortunate that recently the milk vendors of the district should have raised the price of new milk to 4d per quart. I have no doubt they have had good reason for the change—though I have heard no explanation—but speaking on behalf of the health of the very large number of children in the district, I repeat it is unfortunate. Over and over again the mother of a large family of young children has candidly told me she found it now impossible to purchase the quantity of milk she would think sufficient, and this being the case, resort is had to some substitute, which is cheaper, but probably, if not actually injurious, at least much less adapted to the requirements of the young.

Another circumstance which, I think, has much to do with preventing the healthy and vigorous development of the infants of the district, and indirectly increases the mortality, is the fact that the great majority are not taken with sufficient frequency, and at the proper time, into the open air.

Last year, 480 children were born in the district, and 99 died. Consequently, at any particular moment there must be nearly 300 infants in Ashington and Hirst at an age ranging from one to twelve months, yet if we perambulate the entire district, even on a warm day in summer, how many of those do we see taken into the open air? I venture to say, not a score. An equal number can be seen any Pay Saturday night at the Miners' Hall, at a time when it is highly improper and dangerous to have children in arms out of doors at all. Everyone cognisant of the facts will, I think, agree with me when I say that a great many of the marriages in our district are improvident, owing to the youth and inexperience of the contracting parties. The wife is often still in her teens, the husband has scarcely attained his majority. Very often, too, housekeeping has to be begun in the house of the parents of the one or the other. When the first child is born the girl-wife's health suffers considerably, and when she leaves her bed, she finds all her energy required for her share of the general work of the house, in addition to nursing her infant, and she finds no time to take it out for a regular daily airing, the only recreation she permits herself being a night at the play. When a change is made to a house of her own the number of housekeeping duties increases, and soon, still further hampered by the advent of a second child, it must share the fate of the first by remaining indoors until it is able to make its own way into the yard.

ASHINGTON URBAN DISTRICT.—CAUSES OF DEATH, 1899.

A faint, light-colored watermark of a classical building with four columns and a triangular pediment is visible in the background.

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Of other age periods the greatest number of deaths—as a glance at the table shews—occurred between the ages of 1 year and under 5 years, viz., 37. The next greatest number occurred in the period ranging from the age of 25 years and up to 65 years, which includes 28 deaths. Again comes the period from 15 to 25 years with 14 deaths, following it the period between 5 years and 15 years with 13, while in 12 instances the age attained was 65 years and upwards.

It is very remarkable that, passing beyond the infantile period, the next greatest number of deaths should occur during the years of childhood there being no fewer than 37 whose ages ranged from 1 up to 5 years only. This means that of the 203 deaths during the year, 134 were under the age of 5 years. An additional 27 died before reaching the age of 25 years, so that less than 21 per cent., or only about one-fifth, of the total deaths, had attained to an age of more than 25 years.

I have made out a table shewing the cause of death in each case, and the relative frequency of each fatal disease. The number of deaths from consumption was less than in 1898, 10 only having succumbed to this disease, as against 14 the year before. But while this is the case with regard to consumption, the total number of deaths from the various diseases usually regarded as tubercular, viz., phthisis, marasmus, tabes mesenterica, and meningitis, is this year in excess, 37 against 34, chiefly owing to the large number attributed to marasmus. As, however, consumption is the disease which chiefly affects young adults, and consequently the most valuable lives, it is gratifying to note the diminution in the number of deaths therefrom. Now that the contagious nature of this affection is fully established, it is extremely desirable that the fact should be widely known and appreciated. The National Association for the Prevention of Consumption has issued bills calling attention to the danger of the habit of spitting in public places, such as workshops, railway carriages, &c., which is regarded as the most common means of the spread of consumption. And in any house in which there may happen to be a consumptive patient, it is particularly important that precautions should be taken to prevent the extension of the disease to other inmates, who, if members of the same family, will in all probability have a special predisposition to infection. No one should be permitted to occupy the same bed with the sick person. Separate dishes and utensils should be provided for his own use, and expectoration should be received into covered vessels containing some disinfectant, and frequently emptied and cleaned. Above all, the most careful attention should be paid to the ventilation of the apartment and of the house, all windows and doors being set wide open on every possible occasion, in order to change the entire air of the building as frequently as possible.

INFECTIOUS DISEASE NOTIFICATIONS, 1899.

Month.	Enteric.	Scarletina.	Continued.	Mem. Croup.	Erysipelas.	Puerperal Fever.	Total.
January	0	0	0	0	0	0	0
February	0	6	0	1	1	0	8
March	2	3	0	0	0	0	5
April	0	1	0	0	0	0	1
May	3	0	1	0	0	0	4
June	6	0	12	0	0	0	18
July	6	0	1	0	1	0	8
August	1	0	0	1	1	0	3
September	13	1	0	0	0	0	14
October	17	2	2	0	0	0	21
November	3	0	1	1	1	0	6
December	1	1	0	0	2	1	5
Totals ...	52	14	17	3	6	1	93

The zymotic death-rate—including under that name deaths from enteric, pertussis, measles, membranous croup, and summer diarrhoea—was 4·5 per thousand population. Although during the year there has been no widespread epidemic of any infectious disease, only 14 cases of scarlet fever, 3 of membranous croup, 6 of erysipelas, and 1 of puerperal fever having been notified for the twelve months, yet I regret to report a very considerable amount of enteric fever, of which there were no fewer than 51 cases notified, and 17 of continued fever. A great many of the earlier cases were certainly extremely slight, so slight as to render doubtful the fact of their being cases of typhoid fever at all, yet on the other hand many of them were very severe, as attested by the high rate of mortality, 10 cases having ended fatally. The total number for this year is much higher than in former years. In 1898 only 22 cases occurred, and 10 in 1897.

It appears to me that this constant recurrence of enteric fever year after year, in conjunction with the fact of its being manifestly on the increase, makes the matter one of the most serious and important with which, as the sanitary authority, we have to deal. As I shewed in the special report on the subject some months ago, the disease has repeatedly appeared in the same houses, or groups of houses, indicating a persistence of infection in those localities, and in all probability the ashpit is the place in which the infection lurks. No doubt excreta from typhoid patients are frequently flung into the ashpit before the disease is recognised as such, and even afterwards, we know that disinfection of the stools is often carried out very ineffectually, and directions as to their disposal disregarded. I would therefore suggest that this winter very special attention should be paid to the

ashpits of those houses in which the disease has appeared, more particularly those in which it has appeared more than once; that during some of the periodic emptyings the mortar should be removed for an inch between the courses of bricks, that the entire surface should then be thoroughly sprayed from a watering can with a solution of bi-chloride of mercury—about one ounce to every six gallons of water—the sides then mortared afresh, and the entire floor space cemented out. Further, I would recommend that the Authority should supply covered pails rendered airtight by use of an india-rubber washer, one of which, containing some disinfectant, could be supplied to each case of enteric fever immediately on notification, and removed every day by a workman of the Council, a fresh one being left instead. Again, as there is unfortunately on the part of a large section of the public of the district an impression that in the case of typhoid fever any precautions against infection are quite unnecessary—and to this fact in the intercommunication of relatives and neighbours several cases could be distinctly traced—it will be advisable that before the advent of warm weather the Authority should have printed for distribution small bills containing directions and instructions to be observed on the appearance of any instance of sneh or similar illness.

During the year the Council have had under consideration the question of an hospital for infectious diseases, and on the recommendation of a committee appointed for the purpose it was unanimously agreed that such a hospital be provided on the lines of plans prepared by the Surveyor, and suggestions by the Medical Officer of Health. One or two sites in a position suitable for such a building have been suggested, and negotiations are being carried on with the owner of the soil with a view to acquiring one or the other.

BIRTHS, 1899.

Month.	Males.	Females.	Total.
January	20	16	36
February	20	15	35
March	15	17	32
April	22	23	45
May	21	19	40
June	28	25	53
July	17	13	30
August	23	19	42
September	21	13	34
October	25	24	49
November.....	18	23	41
Deeember	24	19	43
Totals	254	226	480

The number of births registered during the year was 480—254 males and 226 females. This number is higher by 77 than that recorded in 1898, and the indicated rate per thousand population is 43·7.

Towards the close of the year a sample of the drinking water was by resolution of the Council submitted to analysis, and was very favourably reported on by the Clinical Research Association as being very free from organic impurity.

Scavenging and removal of refuse has been carried out with commendable efficiency, and the sewers have been well and regularly flushed, so that even during the hottest weather there has been almost an entire absence of any smell emanating from the gratings or manholes.

Several improvements have been effected or decided upon. By the erection of a bandstand the public park has been rendered more attractive, a circumstance which ought to tend to the improvement of the public health.

The High Blackclose sewer has been in part enlarged and improved. It has also been decided to put in 3 new sewers for the better sewerage of the district, but in the meantime a question of law is interfering with their progress. The principal road through the district is about to be repaired, with a view to its becoming a County road, and the road drainage generally improved.

The Council have still under consideration the framing of bye-laws which, when adopted, will materially enhance the usefulness of the Authority.

Once more, gentlemen, I beg to acknowledge the deepest obligation, and to tender my sincere gratitude for your unfailing courtesy and kindness.

Your Obedient Servant,

ALEXANDER BLAIR, M.B.

(Fellow of the Royal Institute of Public Health).

